	1999 LOUISIANA Resident  PLEASE PRINT IN ALL CAPITAL LETTERS.		Ple	as	e us	se b	lad	ek ir	ık o	V nlv.	
	Your first name and initial (If joint return, also give spouse's name and initial.)  Last name	Your Social	Ë			T		T	T	T	
		Security Number I Spouse's Social	H			#	7	$\dashv$	÷	÷	
	Present home address (number and street including apartment number or rural route)	Security Number Z					!				
	City, town, or post office State ZIP	You must	priı	nt y	our	SS	N(	s) a	bov	Э.	
		Area code and daytime telephone number									
Fili		If your name or addres has changed, mark this							an am ark th		
	Single 2 ← Married 3 ← Married filing separately	nao onangoa, mark am	JOA								
	4	dent, print name here.							_		
F	household★ widow(er)  XEMPTIONS: You must claim an exemption for yourself on Line 6A even if someone else c	laimed you on their fo	doral	tav i	otur	•					
Δ.		_	uerai	laxi	etur	1.			tal of	Г	
Λ.	✓ Yourself ✓ 65 or over ✓ Blind B. ✓ Spouse ✓ 65 or over	<b>⋘</b> Blind						6A	& 6B		
C.	Number of dependents (Print number from Line 6C of federal return and print names below.)							60	· L	_	
D.	. Total exemptions (Total of 6A, 6B, and 6C.)					6	D	•	Г	T	
f y	you are not required to file a federal return, indicate wages here,	, and mark this b	ox.	<b>&gt;</b>			ŕ				
7	FEDERAL ADJUSTED GROSS INCOME - Print the amount from your federal Form 1040, Line 33, <b>OR</b> federal Form 1040A, Line 18, <b>OR</b> federal Form 1040EZ, Line 4. If Louisiana Schedule E is used, print the amount from Line 5. Mark the box showing Schedule E was used. If your federal adjusted gross income is less than zero, OR if <b>no</b> federal return is required, print zero	Ш,				, [			].	00	
F	YOU DID NOT ITEMIZE YOUR DEDUCTIONS ON YOUR FEDERAL RETURN, LEA	AVE LINES 8, 9, AN	D 10	BL.	ANK	ANI	o G	о то	LIN	E 11	
8	FEDERAL ITEMIZED DEDUCTIONS - Leave blank if you did not itemize.  If you did itemize, print the amount of your federal itemized deductions from federal Form 1040, Schedule A, Line 28	<b>▶</b> □,				, [			].	00	
9	FEDERAL STANDARD DEDUCTION - <i>Leave blank if you did not itemize</i> .  If you did itemize and you marked filing status box: 1, print \$4,300; 2 or 5, print \$7,200; 3, print \$3,600; 4, print \$6,350	<b>&gt;</b>				, [		Ι	].	00	
0	EXCESS FEDERAL ITEMIZED DEDUCTIONS - Subtract Line 9 from Line 8.  If less than zero, leave blank	,  , , ,			]	00	þ			F	
1	LOUISIANA ADJUSTED GROSS INCOME LESS FEDERAL EXCESS ITEMIZED DEDUCTIONS - Subtract Line 10 from Line 7.  If less than zero, leave blank	,,	Ц		]	. 00	9		_		
2	LESS FEDERAL INCOME TAX - See instructions12	,,				00	þ				
3	YOUR LOUISIANA TAX TABLE INCOME - Subtract Line 12 from Line 11. If less than zero, leave blank. Use this figure to find your tax in the tax tables 13	,  , ,		Ι		00	þ				
	YOUR LOUISIANA INCOME TAX - Print the amount from the tax table that corresponds with your filing status14	$, \square \square, [$		T	].	00	)				
4	LESS: A. Credits from <b>Louisiana</b> Schedule A.  (Attach Louisiana Schedule A.)	<sub>5A</sub> ▶ □,				, [			].	00	
		5B •							].	00	
	B. Education Credit (\$25 per dependent child in school, grades kindergarten through 12th)										
		5c ▶ □,				, [			].	00	
5	(\$25 per dependent child in school, grades kindergarten through 12th)					, [ , [		<u>Т</u> Д	]. ].	00	

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	Individual Income Tax Ret	turn	Social Security Number, PTIN, or FEIN of <i>PAID</i> preparer					
Spou	use's signature (If filing jointly, both must sign.)	Date	Spouse's occupation	( Tele	) ephone number of paid preparer	Date		
Your	signature	Date	Your occupation	Sign	nature of paid preparer other tha	n taxpayer		
	I declare that I have exa Declara		urn and, to the best of reparer is based on all			complete.		
22B	Amount of Line 21 you want CREDITED to 2000	taxCRI	EDIT 22B ●	Ш,	,			
22A	Amount of Line 21 you want REFUNDED to you.	REF	UND 22A	<b></b> ,	. 00	I		
21	OVERPAYMENT AFTER DONATIONS - Sub	tract Line 20 from Line	e 19 21 ►	<b></b> ,	. 00	一		
20	DONATIONS - Print the total from Line 6, Scher	dule D here. You must	complete Schedule D		20	, . 00		
19	OVERPAYMENT - If Line 17D is larger than Lir from Line 17D and print balance. This is the amo	ne 16B, subtract Line 1 unt Louisiana owes yo	6B ou		19	, 00		
18	BALANCE DUE LOUISIANA - If Line 16B is la Line 17D, subtract Line 17D from Line 16B and p If return is delinquent, see instructions	7	PAY THIS AMOUNT.	18		,		
17D	TOTAL PAYMENTS - Add Lines 17A, 17B, and	i 17C		17D		,		
17C	INVENTORY TAX CREDIT - See instructions.			17C >		, . 00		
17B	PAYMENTS ON 1999 DECLARATIONS AND	CREDITS CARRIE	D FORWARD FROM 1998	17В		, . 00		
17A	. TOTAL LOUISIANA INCOME TAX WITHHEL	.D IN 1999 - Attach F	orm(s) W-2	17A •		, . 00		
16B	ADJUSTED LOUISIANA INCOME TAX - Prin	at amount from Line	16A	16B		, 00		

Print your Social Security Number here.

MAIL TO:
Department of Revenue
P. O. Box 3440
Baton Rouge, LA 70821-3440

Do not submit a photocopy of this return.